Attorney Docket No. 1018656-000252

____for which

____ on ____

, which does not exceed three months from the filing of this RCE,

	MIP	E	Attorney Docket No. <u>1018656</u>						
/	7	IN THE UNITED STATES PATENT	AND TRADEMARK OFFICE						
347	JAN 17 In re F	Patent pplication of)) MAIL STOP AMENDMENT						
10	A STATE) akei et al.)) Group Art Unit: 2625) Examiner: DILLON J. MURPHY						
	Applic	ation No.: 09/970,702							
	Filing	Date: October 5, 2001	Confirmation No.: 1791						
	Title:	PRINTING SYSTEM, AND PRINT SERVER AND COMPUTER PROGRAM USED IN SAID PRINTING SYSTEM)							
	AMENDMENT/REPLY TRANSMITTAL LETTER								
	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
	Sir:								
	Enclosed is a reply for the above-identified patent application.								
	A Petition for Extension of Time is enclosed.								
		Terminal Disclaimer(s) and the \$\square\$ \$ 65 \$\square\$ \$ 130 fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are enclosed.							
	\boxtimes	Also enclosed is/are: <u>Declaration of the Inventors Pursuant to 37 CFR § 1.131;</u> Comparison Claim Chart							
		Small entity status is hereby claimed.							
		Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$ 395 \$\square\$ \$ 790 fee due under 37 C.F.R. § 1.17(e).							
		Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							

Applicant(s) requests suspension of action by the Office until at least

in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i)

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

(1809/2809) is also enclosed.

Applicant(s) previously submitted

is enclosed.

continued examination is requested.

Amendment/Reply Transmittal Letter Application No. <u>09/970,702</u> Attorney's Docket No. <u>1018656-000252</u> Page 2

\boxtimes	No additional claim fee is required.										
	An additional cl	aim fee is	required, and is	calculated	as shown below:						
			AMENDE	D CLAIMS							
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Addition	ial Fee				
Total Claims		15	20	0	x \$ 50 (1202)	\$					
Indepe	endent Claims	5	5	0	x \$ 200 (1201)						
☐ If A	\$										
Total	\$	(
☐ Sm											
TOTA	\$	(
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due.										
	Charge to credit card for the fee due. Form PTO-2038 is attached.										
	37 C.F.R. §§ 1.	16, 1.17 ar	nd 1.20(d) and 1	1.21 that ma	ropriate fees undo ay be required by 2-4800. This pap	this paper, an					
			Respectfully	submitted	,						
Date	January 17, 200	<u>7</u>	By:	un fal	& ROONEY PC	· _					
			James	s A. LaBarr	e						

Registration No. 28632

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

6. / · · · ·